

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155286		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/11/2012	
NAME OF PROVIDER OR SUPPLIER AVALON VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 200 KINGSTON CIR LIGONIER, IN 46767			
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F0000	<p>This visit was for the Investigation of Complaint IN00120023.</p> <p>Complaint IN00120023-Substantiated. Federal/state deficiencies related to the allegations are cited at F 514.</p> <p>Survey dates: December 10, 11, 2012</p> <p>Facility number: 000184 Provider number: 155286 AIM number: 100267210</p> <p>Survey team: Ann Armey, RN</p> <p>Census bed type: SNF/NF: 56 Total: 56</p> <p>Census payor type: Medicare: 7 Medicaid: 36 Other: 13 Total: 56</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>		F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Requesting desk review</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to assure records were complete and accurate in regard to documenting treatments, enteral feeding, physician notification and bowel function. This deficiency affected 1 of 3 residents, whose documentation was reviewed, in a sample of 3. (Resident #B)</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident #B was reviewed on 12/10/12 at 1:30 p.m. and indicated the resident was admitted to the facility from the hospital on 11/21/12 with diagnoses which included but were not limited to, hepatic encephalopathy and chronic obstructive pulmonary disease. The resident was readmitted to the</p>	F0514	<p>Requesting Desk Review</p> <p>1. The resident no longer resides in this facility. The nursing staff has been educated by the DNS on 12-10-12 on Following physicians orders, documentation of orders, notifying physician with change in condition, documentation of treatments, enteral feedings, and documentation of bowel functions.</p> <p>2. All other residents had the potential to be affected. All treatment orders were reviewed by the DNS to ensure that physicians orders were implemented and documentation was present. Nursing notes were also reviewed by the DNS to ensure MD notification of any change in condition noted. Nursing staff was educated on following physicians orders, documentation of orders, notifying physician with change of condition,</p>		12/19/2012		

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	<p>hospital on 12/25/12 and was subsequently discharged from the facility.</p> <p>1. a. The Nursing Admission Assessment, dated 11/21/12 at 3:30 p.m., indicated Resident #B had excoriation to her buttocks.</p> <p>The Interim/Admission Nursing Care Plan, dated 11/21/12, indicated the resident had "severe excoriation."</p> <p>Hospital transfer orders, dated 11/21/12, indicated "...Check skin on buttocks & (and) perineum and clean as needed q (every) 1 (hour symbol)"</p> <p>Admission orders, dated 11/21/12, indicated Resident #B was to receive Calazinc to the buttocks three times daily.</p> <p>Although the resident was admitted to the facility on 11/21/12 at 3:30 p.m., the November 2012 TAR (Treatment Administration Record), indicated the treatment for excoriation on the buttock was not started until 11/23/12, two days after the resident's admission. Four applications of the Calazinc were not documented as done.</p> <p>There was no documentation in the nursing notes on 11/21/12 and 11/22/12, indicating the treatment was done.</p> <p>In addition, the hourly checks were noted on the TAR to be done as needed but were not documented.</p>		<p>documentation of treatments, enteral feedings, and documentation of bowel function.</p> <p>3. Nursing staff was educated on following physicians orders, documentation of orders, notifying physician with change of condition, documentation of treatments, enteral feedings, and documentation of bowel function.</p> <p>The DNS/Designee is responsible to monitor at the end of every shift that documentation is completed for enteral feedings, bowel function, treatments, and notification of changes.</p> <p>4. To ensure compliance, the DNS/Designee is responsible for the completion of the Mar/Tar, Bowel function, Notification of change, resident care rounds and enteral feeding CQI tools weekly times 4 weeks, bi-monthly times 2 months, and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p> <p>5. Completion Date: 12-19-12</p>				

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	<p>Nursing notes, dated 11/25/12 at 8:35 p.m., indicated a family member gave Resident #B a shower and reported, after the shower, that the resident's buttocks were raw and bleeding.</p> <p>The note indicated the family decided they wanted the resident sent to the hospital to be evaluated and she was transferred to the hospital at 8:40 p.m.</p> <p>On 12/11/12 at 2:00 p.m., the DON (Director of Nursing) indicated she interviewed the nurses who worked while Resident #B was in the facility and the resident was checked and the Calazinc treatments were done but she was unsure why they were not documented on 11/21/12 and 11/22/12.</p> <p>1. b. Hospital Transfer orders, dated 11/21/12, indicated Resident #B was to receive a NG (Nasogastric) tube feedings of Osomolite 1.2 continuous at 50 cc per hour, encourage pureed diet with thin liquids, and discontinue the NG (Nasogastric) tube when the resident was taking adequate amounts by mouth.</p> <p>On 12/11/12 at 11:00 a.m., RN #10 was interviewed. RN #10 indicated Resident #B pulled out her nasogastric tube on 11/23/12, she called the physician and the</p>						

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	<p>nasogastric tube was not replaced . She indicated she did not document the time or circumstances of the removal of the tube and did not document the physician notification.</p> <p>On 12/11/12 at 2:00 p.m., the DON (Director of Nursing) was interviewed. The DON indicated the nurses checked the placement of the nasogastric tube, while it was in place, but did not document the time or frequency of the checks.</p> <p>The November 2012 MAR (Medication Administration Record) was reviewed. The nurses initialed Resident #B received the Osmolite tube feeding on 11/24/12 and 11/25/12, even after the nasogastric tube was removed.</p> <p>1. c. The Nursing Admission Assessment, dated 11/21/12 at 3:30 p.m., indicated Resident #B's right and left lower extremities were warm and no edema was noted.</p> <p>Nursing notes, dated 11/23/12 at 1:13 p.m., 11/24/12 at 6:50 p.m. and 11/25/12 at 12:31 a.m., indicated the resident had 3 plus edema to her bilateral lower extremities.</p> <p>There was no documentation the</p>						

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	<p>physician was notified.</p> <p>On 12/11/12 at 11:00 a.m., RN #10 was interviewed. RN #10 indicated she notified the physician about the swelling in Resident #B's extremities and no new orders were received but the physician did suggest they keep the resident's feet elevated. She indicated she did not document the notification of the physician.</p> <p>1. d. The Hospital History and Physical, dated 11/10/12, indicated Resident #B was receiving the laxative lactulose for elevated ammonia levels.</p> <p>Admission orders, dated 11/21/12, indicated the resident was to continue with lactulose 30 cc every day.</p> <p>The Interim/Admission Nursing Care Plan, dated 11/21/12, indicated the resident had a problem of diarrhea.</p> <p>On 12/10/12 at 4:00 p.m., CNA (Certified Nursing Assistant) #11 was interviewed. CNA #11 indicated she assisted with Resident #B's admission and worked with the resident on the next day as well. She indicated she checked Resident #B every hour and the resident had frequent runny</p>						

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	<p>loose stools on both days she worked with her (11/21/12 and 11/22/12). She indicated the nurses were aware of the stools.</p> <p>There was no documentation regarding the loose stools; including, the frequency or a description of the stools.</p> <p>This Federal tag relates to Complaint IN00120023. 3.1-50(a)(1) 3.1-50(a)(2)</p>						